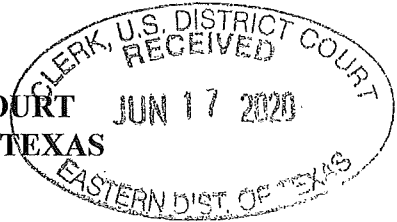


PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015).

IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS

DIVISION



Kojuan J Miles, ID. #1912338
Plaintiff's Name and ID Number

H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884.
Place of Confinement

CASE NO. 6:20CV327 JDK/KNM
(Clerk will assign the number)

v.

Lorie Davis, Director of TDCJ-CID, P.O. Box 99, Huntsville, Tx. 77342.
Defendant's Name and Address

Kenneth M. Putnam, H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884.
Defendant's Name and Address

Pamela Pace, H.H.Coffield Unit, 2661 F.M. 2054, Tenn. Colony, Tx. 75884.
Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP).

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at you prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or a initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from you inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE OF THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? ___ YES ☒ NO
- B. If your answer to "A" is "yes", describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: _____
 2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____
 3. Court: (If federal, name the district; if state, name the county.) _____
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) _____
 7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: H.H. Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx

III. EXHAUSTION OF GRIEVANCE PROCEDURES: ARE EXHIBITS, STATEMENT OF CLAIM

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

SEE EXHIBITS:

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Kojuan J Miles, ID.#1912338, at the H.H. Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx, 75884.

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Lorie Davis, Director of TEXAS Department of Criminal Justice - Correctional Institution Division (TDCJ-CID), P.O. Box 99, Huntsville, Tx. 77342

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, overall operation of each institution under its jurisdiction.

Defendant #2: Kenneth M. Putnam, head Warden of Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx. 75884.

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, operation of Coffield Unit and welfare of all inmates/safety, etc.

Defendant #3: Allen Barker, head Chaplain of Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Tx. 75884.

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, all operation of Coffield's religious programs/muslim function, etc.

Defendant #4: John Doe, Regional Islamic Chaplain

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, to uphold Islamic religious laws - programs, muslim functions, etc.

Defendant #5: John Doe, University of Texas Medical Branch (UTMB), 301 University Blvd 48, substation, Galveston, Tx. 77555

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Legally responsible, medical health care and health information for state government document(s) for the residence of Coffield Unit's inmates, etc.

(Continue IX., page #3)

Defendant #6: Pamela Pace, U.T.M.B. Medical Care Practice Manager at the Coffield Unit, 2661 F.M. 2054, Tennessee Colony, Texas 75884.

Briefly describe the act(s): Legally responsible for process of medical health care, what kind of informations is allowed and provided to state government document(s), etc.

Defendant #7: John Doe, Northeast Texas Public Health District Regional Laboratory, 815 N. Broadway, Tyler, Texas 75702.

Briefly describe the act(s): Legally and contractually responsible for the different forms of testing to Coffield Unit's water/and conceal test results from state government document(s), and Public interest, etc.

Defendant #8: John Doe, Texas Commission on Environmental Quality - Public Drinking Water Section MC-155

Briefly describe the act(s): Legally responsible for overseeing quality drinking water for the entire State of Texas with it's U.S. Citizens, etc.

Defendant #9: Timothy Jones, Director of Chaplaincy throughout TDCJ-CID, #2 Financial Plaze, suite 476,

Briefly describe the act(s): Legally responsible for all forms (Policies, Services) of operations to religious programs throughout TDCJ-CID, etc.

Defendant #10: John Doe, Assistant Director of Chaplaincy for TDCJ-CID, Region #11, #2 Backgate Road, Palestine, Texas 75803.

Briefly describe the act(s): Legally responsible for all forms of operations for religious programs encompassing the region where Coffield Unit is located, etc.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

- Questions of conditions of confinement with reasonable safety for non-pious prisoners to imminent danger (OR) serious danger?...*
- #1... *U.I.M.B. at unit administration are licensed to treat prisoners, however, said employees notices danger[ous] symptoms caused by unsafe water, knowingly will not test for Helicobacter pylori (H. pylori) after the cause with opinions, that will deprive the right treatments, causing more serious injuries. Is this an alter state government document (Health Record), ... to know the cause and danger?*
- #2... *T.D.C.J.-C.I.D. administration knows unit's location at a toxic waste site said information is kept from prisoners and when questioning unsafe water: Coffield water is tested every month by independent laboratories... Than NOTICE Boil water is only to protect TDCJ-units and officials knows, prisoners cannot boil water/forces to drink unsafe water where said water test are conceal and alter and inmates with their families-public interest have no access to review said danger[ous] results, is malicious.*
- #3... *Unsafe water in a condition of confinement is not reasonable, pious address the condition of water in Halal-Kosher doctrines/TDCJ and Chaplaincy limited the pious, Islam religious authorities and IMAAMS are not allow its percent nor address water, foods, kitchens, (OR) enter a contract with TDCJ and Chaplaincy/in a policy system that harm with malicious acts.*

VI. RELIEF:

See attach extra pages-what happen subsections →

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Injunction/TDCJ & City officials-provid safe water & Records open to Public interest; and Injunction/TDCJ-CID agencies enter an agreement with Islam Religious Authorities, and appropriate IMAAMS, address Halal-Kosher and its policy system for pious p.7 Court hold everybody liable for damages: Nominal, Compensatory, Punitive, other relief Court deems appropriate.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

N/A

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

N/A

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☐ NO

(Continue IV., STATEMENT OF CLAIM)

Lorie Davis, Director of Texas Department of Criminal Justice - Correctional Institution Division ("TDCJ-CID") is informed of the conditions of confinement at the H.H. Coffield Unit Administration has on going restrictions on water and plumbing... NOTICE to Boil Water was a serious concern for prison population in dealing with unsafe water conditions, clear-slimy, brown looking, some odor forms, etc., and inmates are the ones how treat said water without license by city officials / all informations concealed.

John Doe, Director of U.T.M.B., and Unit Medical Practice Manager Pamela Pace, with regional doctor M.D. Wright have treated the unsafe water effects in the alleged Coffield Unit's history - a large part (in the hundreds) of prison population was affected with stomach issues and irritable movements, etc.

Kojuan Miles ("Miles") arriving at Coffield Unit had NO health issues that requires immediate, consistant care ... Miles did notices the condition of the Unit's water was different and months later started feeling sick and medical department (doctors or providers) gave all kind of treatments under their medical opinions, however, Miles sickness became worse and requested for several blood test. Unit doctor call Miles to informed and provide the treatments, that Miles tested positive for (*H.pylori*) on 02/07/20, where doctor believe that was the source of his sickness (contaminated water). Miles filed a request for copies of his medical records and the records show NO mention of contaminated water as stated by medical doctor. SEE EXHIBIT D

Miles was Sick and Concern and submitted to U.T.M.B. and T.D.C.J. administrations, that agencies failed to provide a reasonable safety and Miles contracted (*H.pylori*) that forces a grievance procedures. SEE EXHIBIT E

Miles is pious (muslim) and the effects of (contaminated water or *H.pylori*) is a burden to his worship, gas, vomiting, etc. And submitted a grievance procedures for Halal-Kosher standard which adress the water condition, Foods, and kitchens. SEE EXHIBIT A

Miles submitted and HQ-150 for religious commadations in according to TDCJ-Chaplaincy polty to Unit Chaplain Barker through Truck mail service on Coffield Unit.

C. Has any court ever warned or notified you that sanctions could be imposed? YES ☐ NO ☒

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning was issued: _____

Executed on: June 12, 2020.
DATE

Kojuan J Miles
KOJUAN Miles
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 12th day of June, 20 20.
(Day) (month) (year)

Kojuan J Miles
KOJUAN Miles
(Signature of Plaintiff)

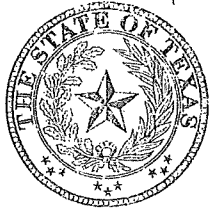
WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

EXHIBIT: A

Grievances No. 2020083080

HALAAL - KOSHER

Texas Department of Criminal Justice



STEP 1

OFFENDER

GRIEVANCE FORM

Resubmit this form Griev.# 2020081071 on
(Screening Criterial #1)

Offender Name: KATUAN Miles TDCJ # 1912338

Unit: Coffield, CD.001 Housing Assignment: B-218-F

Unit where incident occurred: Unit Chaplaincy Administration
and Unit Chaplain Barker, etc.

OFFICE USE ONLY

Grievance #: 2020083080

Date Received: FEB 27 2020

Date Due: 4/7/20

Grievance Code: 500

Investigator ID #: I2086

Extension Date: _____

Date Retd to Offender: MAR 03 2020

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Unit Chaplain Barker (through I-60 forms) When? Feb., 2020 To Feb. 18, 2020.

What was their response? No reply via I-60 forms and it is still Grievable.

What action was taken? NONE, forces to file grievance procedure, on Halal-Kosher issues.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

In the name of (The God- Allāh); Notice is submitted in good faith, concerning Islam Religious way of life ...

'NOTICE!'

"... forbidden to you (for food) are: dead meats, blood; In the name other than (Allāh); that which hath been killed by strangling or by a violent blow, or by being gored to death; that which hath been (partly) eaten by a wild animals; unless ye are able to slaughter it (in due form);..."

I am part of Islam Religion~muslim and as illustrated from above-mention divine, injunction forbids me from consuming improperly slaughtered animals. Specifically, TDCJ-CID units barbaric method of slaughtering livestock using deadly electrical blows; obstructs blood flow from the would be consumed animals, etc... Consequently, rather than severing throats and jugular veins harmful cancerous viruses are developed from blood of improperly slaughtered animals; is one reason why (Allāh) has forbids me from eating said livestock, etc. ...

NOTE: We are from the same Abrahamic families (Islam-Muslims); similar to those Halal-Kosher meals accommodated to Jewish tenants in TDCJ-ID Units, I am requesting to be provided ("Halal") water, foods, and kitchens only from properly slaughtered livestock and where kitchens are prepare, with and under the right authorities of Islam and its I MAAMS... Currently there aren't any TDCJ-ID. Units that provide Islam's Halal, water, foods and kitchens for the Islam followers that have been deprived and their First Amendment rights, etc....

I Now request a [de novo] review of a religious step #1 to ensure all my valued rights are respected and protected.

Action Requested to resolve your Complaint.

All Rights are reserved for Federal Procedure, Court/NOTICE is filed, For TDCJ-CID, I-muslim request Halal similar to kosher meals accommodated-Jewish tenants/water, food and Kitchens under Islam authorities & I MAAMA, to properly slaughtered livestock, in (Allah) commands, etc. 8th, 1st, 14th Amendments of U.S. Constitution.

Offender Signature: Kajuan Mijel

Date: (Feb. 25, 2020)

Grievance Response:

The unit food service department has no control over which religious diets are served and which are not. You are advised to contact the food service department in Huntsville concerning the issue of there not being a Halal religious diet available on the units. No further action warranted at this time.

Signature Authority: Warden Funa

Date: 3-3-20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-127) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>2nd Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>3rd Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

STEP 2

—OFFENDER—
GRIEVANCE FORM

Offender Name: KOJUAN Miles TDCJ # 1912338
 Unit: Coffield, CO-006 Housing Assignment: B-218-T
 Unit where incident occurred: Unit Chaplaincy Administration and
Unit Chaplain Barker etc.

OFFICE USE ONLY

Grievance #: 2020083080
 UGI Recd Date: MAR 09 2020
 HQ Recd Date: MAR 12 2020
 Date Due: 04-18
 Grievance Code: 500 12589
 Investigator ID#: _____
 Extension Date: 05-28

You must attach the completed Step 1 Grievance Form signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because... Appeal cause # 2020083080;
This NOTICE of joint liability pertains to relevant I-127 Form's signature
authority failure to adequately address issues of denying me Halal-Kosher foods.
Specifically, I am being denied access to consumable livestock slaughtered
consistent with my religious tenets, water is included issue;
Therefore, I am requesting outside intervention to implement corre-
ctive actions; otherwise this matter will be taken further, further
Grievant sayeth Not, Respectfully submitted, IN THE NAME OF
(Allah)...

Offender Signature: _____

KATIA MILE

Date: March 06, 2020

Grievance Response: _____

Your grievance has been reviewed. The Chaplaincy program shall be administered by the deputy director of Religious Services, Rehabilitation Program Division (RPD). The RPD deputy director of Religious Services may further delegate responsibility and duties to appropriate administrators within the RPD to develop and coordinate religious policies and programming. No further action is warranted.

Director Signature: _____

Date: _____

Grievance Response: _____

M. LEWANDOWSKI

Signature Authority: _____

Date: _____

4/10/20

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

Offender Signature: _____

Grievance Response: _____

Signature Authority: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*

I-128 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Appendix G

EXHIBIT : D

Lab Data Imported From UTM B

Helicobacter ~~ter~~ Pylori

Patient Name : MILES, KOJUAN J
Patient Id : 1912338
Patient Phone :
Date of Birth : 09/26/1989
SS# : -- Sex : Male

Ordering
Physician : COMEAUX, DANIEL
Facility : COFFIELD (CO)
5 MI SW OF TC FM 2054
TENN. COLONY TX 75884

Test Name	Result	ABN Unit Flag	Reference Range	LAB ID
-----------	--------	------------------	--------------------	-----------

Accession: 20H-037S0404 Requisition: C74042210001
Drawn: 02/06/20 05:05 Received: 02/07/20 00:14 Reported: 02/07/20 11:26

Procedure: HELICOBACTER PYLORI AB, IGG

Negative - No H. pylori IgG antibody detected.

Positive - Indicates presence of detectable IgG antibodies. Does not distinguish between past or current infection, or between active infection and colonization.

Invalid - A second sample should be sent.

Negative - No H. pylori IgG antibody detected.

Positive - Indicates presence of detectable IgG antibodies. Does not distinguish between past or current infection, or between active infection and colonization.

Invalid - A second sample should be sent.

HELICOBACTER PYLORI IGG	Positive	A	Negative	HG
-------------------------	----------	---	----------	----

Test Performed at: HG
UTMB Lab Pathology Clinical Services
301 University Boulevard
Galveston, TX 77555 Barbara J. Bryant, MD

L Low, LL Panic Low, H High, HH Panic High, A Abnormal, AA Panic

EXHIBIT: E

TDCJ AND UTMB administrations

Unsafe Water

Grievance No. 2020078350



Texas Department of Criminal Justice

~~OFFENDER~~
STEP 1 GRIEVANCE FORM
 ("NOTICE")

OFFICE USE ONLY

Grievance #: 2020078350
 Date Received: FEB 18 2020
 Date Due: 3/29/20
 Grievance Code: 504
 Investigator ID #: 1788p
 Extension Date: _____
 Date Retd to Offender: FEB 19 2020

Offender Name: KOJUAN MILLES TDCJ # 1912338
 Unit: Coffield, CO.0062 Housing Assignment: B-218-7
 Unit where incident occurred: CO.0062, TDCJ-Agencies & Unit U.T.M.B. -
Infirmary, ("Both Administration")

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Pamela Pace via I-60 Request When? Feb. 05, 2020
 What was their response? Coffield MD. (Provider) confirm, I am positive for H. pylori, etc.
 What action was taken? To address TDCJ-Unit Administration unsafe water issues, not medical.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I am filing this formal complaint against Both administrations / TDCJ-CID Agencies and
U.T.M.B. at Unit level Medical Dept., for failing to provide a reasonable safety with/and
adequate care to ("ME") where medical will alter my medical records to provide a nega-
tive test result, in the intent to cover up the unsafe water... But for now I was
diagnosed by Coffield MD. (Provider) did confirm that I was tested positive for Helico-
bacteria Pylori (H. pylori) a dangerous infectious bacteria, there is no known cure, it can
only be treated. I hereby reserved all rights within U.S. Constitution, Amendments
for Federal Court-Procedure ("H. pylori") is contracted from drinking contaminated-water...
symptoms of the bacteria ~~is~~ (caused by Coffield water system) causes sores in the lining
of the stomach and/or the upper part of the small intestine and in most cases, the bacteria
causes ulcers and other related symptoms; that go for cancer too. See www.webmd.com/
digestive disorders/h-pylori-helicobacter-pylori #1.

TDCJ-CID Administrations has known that Coffield Unit located at a toxic waste
site, exposing me and others who are assigned there to polluted water causing us
health problems, that is in violation of our fundamental rights 8th, 14th, amend-
ments / TDCJ-CID is not providing a reasonable safety and placing inmates life and
health in danger.

0508 41 937

Action Requested to resolve your Complaint. *All Rights are reserved for Federal Procedure Court/NOTICE is filed;*
Danger - Unsafe water, is a violation 8th, 1st, 14th, Amendments request City Officials to provide safe
water where all testing-water records are open to inmates & families - that is Public interest.

Offender Signature: HOJUAN MILES Date: 2-17-20

Grievance Response:

Your allegations have been investigated. All drinking water is tested daily, with no issues or concerns at this time. If you don't feel comfortable with drinking the water, bottled water is available for purchase in the Unit Commissary. No further action is warranted.

Signature Authority: [Signature] Warden Funai Date: 2-19-20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

ACCEPT AS ORIGINAL



Texas Department of Criminal Justice

STEP 2
("NOTICE")~~OFFENDER~~
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2020078350UGI Recd Date: FEB 24 2020HQ Recd Date: FEB 27 2020Date Due: 4-4Grievance Code: 606Investigator ID#: 11312 F1509Extension Date: 05-14~~Offender Name:~~ KOJUAN MILES TDCJ # 1912338Unit: Coffield, CO.0062 Housing Assignment: B-218-TUnit where incident occurred: CO.0062 TDCJ-Agencies & U.T.M.B. - Infirmary
("Both Administration")

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because... Appeal cause #2020078350;
I am being harm by both TDCJ and U.T.M.B., (administrations") where said agencies
will not admit their wrong in the present event and would used the past events inst-
ead, however, any reports or records can be altered; the fact remains inmates are
being infected with H. pylori, medical dept., knows first hand with sickness & skin
-infections or sores caused by contaminated water and knowingly submittes a report
with a different opinions to treat and cover up the unsafe water issues.
Then TDCJ-CID administration knowingly alters the outcome of the unsafe
water to pass inspection with an independent laboratories and conceal the
altered test results; the only problem is the dangerous infectious bacteria stay in
existence / Facts of Harm VS. Alter water records, where any harm is fact
and cannot mislead anyone. TDCJ-CID and U.T.M.B. agencies cannot provid a
reasonable safety and that harmed me against my fundamental rights 8th, 1st, 14th
amendments.

Offender Signature: _____

KOTAR MILES

Date: _____

Feb. 22, 2020

Grievance Response: _____

Step 1 has addressed your complaint. Records indicate the drinking water at Coffield Unit is tested regularly and there are no issues. No further action is warranted.

Signature Authority: _____

Riley

Date: _____

3/24/2020

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____